

COUNTRY: Czechoslovakia

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SUBJECT: Development of Anesthesiology in Czechoslovakia

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1. Dr Emil Schulz of Prague delivered a very interesting paper, "Development of Anesthesiology in Czechoslovakia," at the Twenty-Second Annual Congress of Anesthetists. This was a joint session of the International Anesthesia Research Society and the International College of Anesthetists, held in New York on September 8-11, 1947.
  2. Excerpts from Dr Schulz's report are as follows:
  3. "I accepted with great pleasure the invitation to address the Twenty-Second International Congress of Anesthetists on the occasion of Dr Francis Hoeffler McMechan Memorial and I regard it my special duty to call with affection and appreciation the close association of the name of Dr McMechan with the history of modern anesthesia in Czechoslovakia, since 1924.
  4. "In Czechoslovakia as in France, Austria, Germany and other European countries anesthesia was practiced only as an appendix of surgery and was assigned regularly to nurses. The young physicians regarded anesthesia a nuisance and were never enthusiastic about its administration. The following were the routine procedures: open mask or Ombredanne's or Schimmelbusch's mask, or by Roth-Draeger apparatus; spinal anesthesia after premedication with ephedrine was given for abdominal operations. Local anesthesia with novocain-adrenalin gave excellent results in abdominal and thoracic surgery in preference to spinal and general anesthesia. Evipan was used intravenously and avertin as a basal anesthetic was employed intrarectally.
  5. "My first contact with US anesthesia was established in 1924 and 1925 when I visited the United States and Canada to study modern dentistry, and at the same time to observe methods of inhalation anesthesia. This type of anesthesia was of especial interest to me because of my previous work in plastic surgery. I studied the administration of nitrous oxide and ethylene with the leading men like Dr McKesson and Dr Heidbrink, and at the clinics of Dr Crile and Dr Mayo.
  6. "Returning to Czechoslovakia I became a pioneer of modern anesthesia in our country and introduced the gas anesthesia for all operations in general surgery, gynecology, obstetrics, nose and throat surgery, and dentistry.

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7. "I introduced gas anesthesia at the Surgical Clinic of Professor Dr A Jirasek, Charles University of Prague. The State Plastic Institute of Professor F Burian used this method of anesthesia for plastic surgery, and the Gynecological Clinic of Professor F Ostrcil employed it for gynecological operations.
8. "About this time Dr McMechan visited me in Prague and I was the only member of the International Anesthesia Research Society in our country. He advised me to see Dr Schmidt in Hamburg, who experimented with acetylene, called narcylene, and urged me to visit also Dr de Caux of London who administered gas anesthesia in London in the Middlesex Hospital by the intratracheal and intranasal routes. I followed his advice, and studied anesthesia in Hamburg and London. Later I conducted an experimental pharmacologic research on anoxemia due to low percentage of oxygen in nitrous oxide anesthesia, and read a paper on 'Nitrous Oxide in General Surgery' at the Surgical Congress in Prague. In 1930 the Surgical Society invited the anesthetist Dr de Caux and his surgeon Dr F Abel of London to operate at the Congress in Prague using nitrous oxide anesthesia.
9. "At this time gas anesthesia was used with great enthusiasm at different hospitals like Jicin and Beroun. The dental profession accepted enthusiastically the new method and in a short time about 40 gas machines were imported from the US. By 1937 nitrous oxide was manufactured in Czechoslovakia. I also introduced ethylene and continued to use it until the outbreak of the war.
10. "As a direct result of the enthusiastic encouragement of Dr McMechan, the new anesthesia spread so rapidly in our country that probably nowhere on the European continent was gas anesthesia used as much as in Czechoslovakia.
11. "However, the war destroyed this promising start of modern anesthesia in our country. The German invaded Czechoslovakia in 1939; the universities and medical schools were closed; hospitals and clinics were used only for the Germans; and Czech patients were crowded into temporary shelters and barracks where no advanced medicine could be performed. At the end of the war we were confronted with the situation that all better anesthetic equipment like the McKesson and Heidbrink gas machines were stolen by the Germans, and during the great fighting with the Germans at the time of the revolution in Prague, in May 1945, not even the simplest anesthetic agent like ether was at hand. We were unable to perform any transfusion, glucose infusion or intravenous anesthesia due to the lack of material and equipment; surgery was performed without anesthesia; no alcohol, opiates, penicillin, or sulphonamides were available.
12. "This lamentable picture prevailed at the time of our liberation in 1945. But relatively soon the immense amount of medical and hospital supplies of UNRRA tremendously helped at the most critical time. With these supplies came some anesthetic gas apparatus, but in some places the young physicians were not familiar with their use and no gas cylinders were supplied, so that the gas apparatus stood idle. The modest amount of literature on anesthesia received with the supplies gave the first stimulus to young physicians to attack the problem of anesthesia.

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13. "The Czech and Slovak people are deeply grateful to the US for these vast donations of UNRRA, because without this help our patients would have lacked indefinitely the blessings of modern medicine.
14. "Thus was again established a close contact with US anesthesiology. The Unitarian Medical Mission to Czechoslovakia, called 'American Faculty on Wheels,' consisting of 14 outstanding US medical and dental specialists, came to Czechoslovakia in 1946, bringing to the medical and dental professions fresh knowledge and inspiration from new methods, technical and surgical procedures, and drugs. The anesthetist on the staff was Dr E A Rovenstine of New York University who administered spectacular anesthesia in a case of pneumonectomy and resection of carcinoma of esophagus performed by Dr A Brunschwig of the University of Chicago.
15. "The success of this difficult anesthesia was so electrifying for the medical profession that young physicians immediately attacked the problem of anesthesia and of modern anesthesiology as a subject of medical teaching.
16. "The first remarkable result of this US influence was the decision of Dr Rapant, head of the Surgical Clinic in Olomouc, Moravia, to establish the first special department of anesthesia in our country. Furthermore, the Ministry of Education sent a young physician, Dr Zdenek Sery, to the Middlesex County Hospital in London to study modern methods of anesthesia.
17. "All available literature by such authors as Lundy, McIntosh, Bannister, Hewett, Mackenzie and others, was studied. With a US apparatus intratracheal anesthesia was started, in abdominal and thoracic cases pentotal with nitrous oxide-ether was used and intocostin and tubarine were introduced. Premedication and postoperative treatment was practiced, while during operations transfusions of blood and human and animal plasma were given, blood pressure was measured and proper oxygenation was practiced. In cases of pulmonary infections only pentothal and curare were used.
18. "The reports of the State Plastic Institute of Dr F Burrian and of the Surgical Clinic of the University of Olomouc, emphasized that in general, difficulties are encountered in obtaining new apparatus such as the Oxford Vaporizer, Boyle's anesthesia. Even our ether is sometimes not absolutely pure. We lack human plasma, protein hydrolysates, aminoacids for cancer patients. There is the greatest need for literature on anesthesia, journals, both new and old, dating even as far back as 10 years.
19. "The Czech and Slovak medical profession would appreciate gratefully any suggestions or advice which could help us during this critical time of rehabilitation. So far as we can with our limited means, and with the handicaps resulting from the war, we are anxious to follow the US example of progress in anesthesiology and we hope that the first endeavor to teach anesthesia and establish it as an independent subject of study will be followed by similar action in other universities in Czechoslovakia. It is essential in Czechoslovakia to establish for the future the specialty of anesthesia.

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20. "There is one more reason why anesthesiology should be established:  
In impoverished Europe the former dominant centers of medical teaching  
in Germany and Austria, for many years at least, are no longer active.  
Their functions could be undertaken by Czechoslovakia for Southeastern  
Europe. Now more and more of our physicians are trained in the US and  
UK instead of in France, Germany, and Austria. Therefore, Czechoslovakia  
could easily become a teaching center in anesthesiology and a connecting  
scientific link between East and West.
21. "In closing I want to express the deep gratitude I owe to the late Dr  
McMechan for advice and encouragement, and to all the other **US** anesthetists  
who have contributed to the advancement of our anesthesia since 1924.  
Furthermore, we gratefully acknowledge our debt to UNRRA for material  
help and to the Unitarian Medical Mission for inspiration which resulted  
in a new interest in the specialty of anesthesia in Czechoslovakia."

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